

RECEIVED
MAY 30 1995WASHINGTON STATE
DEPARTMENT OF ECOLOGYSend To:
Washington Department of Ecology
Hazardous Waste Information & Planning
Attn: DW Notifications
P.O. Box 47658
Olympia, WA 98504-7658
(206) 459-6387WASTE MANAGEMENT BRANCH
FORM 2

REC'D	APR 28 1995
LOG	APR 28 1995
REVIEW	5 APR 28 1995 ⁷⁴ / ₉₄
G/WAC	
W A D 9 8 8 4 9 4 2 3 3	

NOTIFICATION OF DANGEROUS WASTE ACTIVITIES

1. ☐ A. FIRST NOTIFICATION
(No previous application has been made for this site.)
- ☐ C. WITHDRAW SITE ID # DATE _____
(Complete Sections 1F, 2-8 & 13. Enter existing site ID # in 1F.)
- ☒ E. CANCEL SITE ID # DATE 12/31/94
(Site closed—no longer own or conduct business at this site. Complete Sections 1F, 2-8 & 13. Enter existing site ID # in 1F.)
- ☐ B. REVISED NOTIFICATION DATE _____
(Complete all sections of the form. Enter existing site ID # in 1F.)
- ☐ D. REACTIVATE SITE ID # _____
(Complete all sections of the form. Enter previously assigned site ID # in 1F.)
- ☒ F. EXISTING SITE ID # WA D 9 8 8 4 9 4 2 3 3
(Complete for items 1B, C, D & E only.)

2.A. WASHINGTON STATE DEPARTMENT OF REVENUE REGISTRATION (TAX) NUMBER 600-543-064		2.B. SIC CODE(S) PRIMARY 3449 SECONDARY OTHER	
2.C. TYPE OF BUSINESS CONDUCTED AT THIS SITE Manufacturing			
3. NAME OF INSTALLATION PACIFIC SERVICES & MFG			
4. LOCATION OF INSTALLATION (Attach site location map.) Street 19331 21st AVE W County Name SNOHOMISH City or Town LYNNWOOD State WA ZIP Code 98036-4832			
5. INSTALLATION MAILING ADDRESS Street or P.O. Box 19331 21st AVE W City or Town LYNNWOOD State WA ZIP Code 98036-4832			
6.A. INSTALLATION CONTACT Name (last) FOLKES (first) JOHN Job Title CONTROLLER Phone Number 206-775-4832			
6.B. INSTALLATION CONTACT MAILING ADDRESS Street or P.O. Box 8502 MALIBY ROAD City or Town WOODINVILLE State WA ZIP Code 98072-			
7.A. NAME OF INSTALLATION'S LEGAL OWNER WALTER PISCO Street or P.O. Box 8502 MALIBY RD City or Town WOODINVILLE State WA ZIP Code 98072-			
7.B. PROPERTY OWNERSHIP (Also provide address in section 12 if different from 7A.) WALTER PISCO			
7.C. OWNER TYPE P		7.D. PROPERTY TYPE P	

6/1/95

8.A. NAME OF INSTALLATION _____ 8.B. SITE ID # _____
(Same as Item No. 3)

9. TYPES OF REGULATED DANGEROUS WASTE ACTIVITIES YOUR BUSINESS IS CONDUCTING (Read & follow instructions for this section carefully—Enter an "X" in any sections of 9.A., 9.B., or 9.C. below that may apply).

9.A. HAZARDOUS WASTE ACTIVITIES (See instructions for definitions of these activities).

- ☐ 1. GENERATOR
- ☐ 1a. Conduct on-site recycling
- ☐ 2. TRANSPORTER
- 2a. ☐ Transport Wastes Commercially (for hire).

2b. Modes of Transport: (1) ☐ Highway (2) ☐ Air (3) ☐ Rail (4) ☐ Water (5) ☐ *Other

(*Specify in comments)
- ☐ 3. MANAGEMENT FACILITY (TSD)
- 3a. ☐ Facility accepts wastes from OFF-SITE Generators.

3b. Process conducted or available at this facility;

(1) ☐ Treatment (2) ☐ Storage (3) ☐ Disposal

(4) ☐ Other (specify in comments).

3c. Current Part A ____/____/____

Part B Process ☐ Yes ☐ No
- ☐ 4. IMMEDIATE RECYCLER
- ☐ 5. PERMIT-BY-RULE FACILITY
- ☐ 6. MARKET OR BURN DANGEROUS WASTE FUELS—6a. ☐ Generator Marketing to Burner 6b. ☐ Other Marketer
- 6c. ☐ Burner. (COMPLETE 9c.—TYPE OF COMBUSTION DEVICE)

9.B. USED-OIL FUEL ACTIVITIES

- ☐ 1. OFF-SPECIFICATION USED-OIL FUELS—1a. ☐ Generator Marketing to Burner 1b. ☐ Other Marketer 1c. ☐ Burner (Complete 9c.)
- ☐ 2. SPECIFICATION USED-OIL FUEL MARKETER (or ON-SITE BURNER) WHO FIRST CLAIMS THE OIL MEETS THE SPECIFICATION.

9.C. DANGEROUS WASTE OR OFF-SPECIFICATION USED-OIL FUEL BURNING: TYPE OF COMBUSTION DEVICE.

(see instructions for definitions of combustion devices) 1. ☐ Utility Boiler 2. ☐ Industrial Boiler 3. ☐ Industrial Furnace.

10. WASTE IDENTIFICATION (Copy this page if you have more than 5 waste streams)

N U M B E R	A.	B.	C.	D.
	DESCRIPTION OF WASTE(S)	DANGEROUS WASTE NUMBER(S)	ESTIMATED OR ACTUAL ANNUAL WASTE QUANTITY	W E C O D E
1				
2				
3				
4				
5				

11. Complete sections A, B or C. Section D is mandatory.

11.A. ☐ (Batch Frequency _____)

11.B. ☐ PER MONTH

11.C. ☐ ONE-TIME ONLY

QUANTITY

WEIGHT

CODE

QUANTITY

WEIGHT

CODE

QUANTITY

WEIGHT

CODE

11.D. AMOUNT TO BE ACCUMULATED ON-SITE PRIOR TO SHIPMENT

QUANTITY

WEIGHT

CODE

12. COMMENTS *Moved to new site early '94. New I.D.# to be applied for.*

13. CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

SIGNATURE

NAME AND OFFICIAL TITLE (type or print)

DATE SIGNED

John Foulkes

John Foulkes, Controller

4-26-95

U.S. ENVIRONMENTAL PROTECTION AGENCY

ACKNOWLEDGEMENT OF NOTIFICATION
OF HAZARDOUS WASTE ACTIVITY
(VERIFICATION)

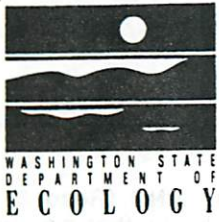
THIS IS TO ACKNOWLEDGE THAT YOU HAVE FILED A NOTIFICATION OF HAZARDOUS WASTE ACTIVITY FOR THE INSTALLATION LOCATED AT THE ADDRESS SHOWN BELOW TO COMPLY WITH SECTION 3010 OF THE RESOURCE CONSERVATION AND RECOVERY ACT (RCRA). YOUR EPA IDENTIFICATION NUMBER MUST BE INCLUDED ON ALL SHIPPING MANIFESTS FOR TRANSPORTING HAZARDOUS WASTES; ON ALL ANNUAL REPORTS THAT GENERATORS OF HAZARDOUS WASTE, AND OWNERS AND OPERATORS OF HAZARDOUS WASTE TREATMENT, STORAGE AND DISPOSAL FACILITIES MUST FILE WITH THE EPA; ON ALL APPLICATIONS FOR A FEDERAL HAZARDOUS WASTE PERMIT; AND ON ALL OTHER HAZARDOUS WASTE MANAGEMENT REPORTS AND DOCUMENTS REQUIRED UNDER SUBTITLE C OF RCRA.

EPA I.D. NUMBER ==> WAD988494233

MAILING ADDRESS ==> PACIFIC SVCS & MFG
19331 21ST AVE W
LYNNWOOD WA 980364832

INSTALLATION ADDRESS ==> 19331 21ST AVE W
LYNNWOOD WA 980364832

12/27/91



WASHINGTON STATE
DEPARTMENT OF ECOLOGY

Attn: DW Notifications
M/S PV-11
Olympia, WA 98504-8711
(206) 459-6387

FORM 2

DEPARTMENTAL USE ONLY

W	A																		
RCV'D										SEP 17 1991									
LOG										SEP 17 1991									
REVIEW										JP 9 20 91 NAO									
G/WAC																			

NOTIFICATION OF DANGEROUS WASTE ACTIVITIES

1. ☒ A. FIRST NOTIFICATION

(No previous application has been made for this site)

☐ B. REVISED NOTIFICATION DATE _____

(Enter existing site I.D. No. in Part 1F. List sections you revised: _____)

☐ C. WITHDRAW SITE I.D. NO. DATE _____

(Complete Sections 1F, 2-8 & 13. Enter existing I.D. No. in Part 1F.)

☐ D. REACTIVATE SITE I.D. NO. (Complete all sections of the form.)

(Enter previously assigned I.D. No. in Part 1F.)

☐ E. CANCEL SITE I.D. NO. DATE _____

(Site closed—no longer own or conduct business at this site.
Complete Sections 1F, 2-8 & 13. Enter existing I.D. No. in 1F.)

☐ F. EXISTING I.D. NO. _____

(Complete for items
1B, C, D & E only)

W A

WAD988494233

2.A. WASHINGTON STATE DEPARTMENT OF
REVENUE REGISTRATION (TAX) NUMBER

2.B. SIC CODE(S)

PRIMARY

SECONDARY

OTHER

600-543-064

3449

2.C. TYPE OF BUSINESS CONDUCTED AT THIS SITE MANUFACTURING

3. NAME OF INSTALLATION

PACIFIC SERVICES & MFG.

4. LOCATION OF INSTALLATION

Street

19331-21ST AVE W

County Name

SNOHOMISH

WASTE MANAGEMENT BRANCH

City or Town

LYNNWOOD

State

ZIP Code

WA 98036-4832

5. INSTALLATION MAILING ADDRESS

Street or P.O. Box

19331-21ST AVE W

City or Town

LYNNWOOD

State

ZIP Code

WA 98036-4832

6.A. INSTALLATION CONTACT

Name (last)

LESH

(first)

STEVEN

Job Title

PRODUCTION MGR

Phone Number

206-775-3513

6.B. INSTALLATION CONTACT MAILING ADDRESS (see instructions)

BOX 1 ☐

BOX 2 ☒

Street or P.O. Box

City or Town

State

ZIP Code

7.A. NAME OF INSTALLATION'S LEGAL OWNER

WALTER J PISCO

Street, P.O. Box, or Route Number

19331-21ST AVE W

City or Town

LYNNWOOD

State

ZIP Code

WA 98036-4832

7.B. PROPERTY OWNERSHIP (Provide address in section 12 if different than 7A.)

WALTER J PISCO

7.C. OWNER TYPE

7.D. PROPERTY TYPE

P

P

R12/18/91 lw

8.A. NAME OF INSTALLATION Pacific Services + Manufacturing 8.B. EPA I.D. NO. _____
(Same as Item No. 3)

9. TYPES OF REGULATED DANGEROUS WASTE ACTIVITIES YOUR BUSINESS IS CONDUCTING (Read & follow instructions for this section carefully—Enter an "X" in any sections of 9.A., 9.B., or 9.C. below that may apply).

9.A. HAZARDOUS WASTE ACTIVITIES (See instructions for definitions of these activities).

☒ 1. GENERATOR ☐ 1a. Conduct on-site recycling
☐ 2. TRANSPORTER ☐ 2a. ☐ Transport Wastes Commercially (for hire).
2b. Modes of Transport: (1) ☐ Highway (2) ☐ Air (3) ☐ Rail (4) ☐ Water (5) ☐ Other
(Specify in comments)
☐ 3. MANAGEMENT FACILITY (TSD) 3a. ☐ Facility accepts wastes from OFF-SITE Generators.
3b. Process conducted or available at this facility;
(1) ☐ Treatment (2) ☐ Storage (3) ☐ Disposal
(4) ☐ Other (specify in comments).
3c. Current Part A ____/____/____
Part B Process ☐ Yes ☐ No
☐ 4. IMMEDIATE RECYCLER
☐ 5. PERMIT-BY-RULE FACILITY
☐ 6. MARKET OR BURN DANGEROUS WASTE FUELS— 6a. ☐ Generator Marketing to Burner 6b. ☐ Other Marketer
6c. ☐ Burner. (COMPLETE 9c.—TYPE OF COMBUSTION DEVICE)

9.B. USED-OIL FUEL ACTIVITIES.

☐ 1. OFF-SPECIFICATION USED-OIL FUELS-1a. ☐ Generator Marketing to Burner 1b. ☐ Other Marketer 1c. ☐ Burner (Complete 9c.)
☐ 2. SPECIFICATION USED-OIL FUEL MARKETER (or ON-SITE BURNER) WHO FIRST CLAIMS THE OIL MEETS THE SPECIFICATION.

9.C. DANGEROUS WASTE OR OFF-SPECIFICATION USED-OIL FUEL BURNING: TYPE OF COMBUSTION DEVICE.

(see instructions for definitions of combustion devices) 1. ☐ Utility Boiler 2. ☐ Industrial Boiler 3. ☐ Industrial Furnace.

10. WASTE IDENTIFICATION (Copy this page if you have more than 5 waste streams—other information (sections 9 and 11-13) not needed on continuation sheets)

A. NUMBER	B. DESCRIPTION OF WASTE(S)	C. DANGEROUS WASTE NUMBER	D. ESTIMATED OR ACTUAL ANNUAL WASTE QUANTITY	E. WEIGHT CODE HT
1	Xylene	F003	480	P

11. Complete a, b, or c; AND d below.

11.A. ☐ (Batch Frequency _____) QUANTITY WEIGHT CODE
11.B. ☒ PER MONTH QUANTITY WEIGHT CODE
11.C. ☐ ONE-TIME-ONLY QUANTITY WEIGHT CODE
11.D. AMOUNT TO BE ACCUMULATED ON-SITE PRIOR TO SHIPMENT QUANTITY WEIGHT CODE

12. COMMENTS

13. CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

SIGNATURE <u>Steven M. Kesh</u>	NAME AND OFFICIAL TITLE (type or print) <u>Production Manager</u>	DATE SIGNED <u>9-13-91</u>
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8.A. NAME OF INSTALLATION Pacific Services + Manufacturing 8.B. EPA I.D. NO. _____
(Same as item No. 3)

9. TYPES OF REGULATED DANGEROUS WASTE ACTIVITIES YOUR BUSINESS IS CONDUCTING (Read & follow instructions for this section carefully—Enter an "X" in any sections of 9.A., 9.B., or 9.C. below that may apply).

9.A. HAZARDOUS WASTE ACTIVITIES (See instructions for definitions of these activities).

- ☒ 1. GENERATOR ☐ 1a. Conduct on-site recycling
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2b. Modes of Transport: (1) ☐ Highway (2) ☐ Air (3) ☐ Rail (4) ☐ Water (5) ☐ Other
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(1) ☐ Treatment (2) ☐ Storage (3) ☐ Disposal
(4) ☐ Other (specify in comments).
3c. Current Part A ____/____/____
Part B Process ☐ Yes ☐ No
- ☐ 4. IMMEDIATE RECYCLER
- ☐ 5. PERMIT-BY-RULE FACILITY
- ☐ 6. MARKET OR BURN DANGEROUS WASTE FUELS— 6a. ☐ Generator Marketing to Burner 6b. ☐ Other Marketer
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A. N U M B E R	B. DESCRIPTION OF WASTE(S)	C. DANGEROUS WASTE NUMBER	D. ESTIMATED OR ACTUAL ANNUAL WASTE QUANTITY	E. W E C O D E
1	Xylene	E003	480	P

11. Complete a, b, or c; AND d below.

- 11.A. ☐ (Batch Frequency _____) QUANTITY WEIGHT CODE
- 11.B. ☒ PER MONTH QUANTITY WEIGHT CODE
- 11.C. ☐ ONE-TIME-ONLY QUANTITY WEIGHT CODE
- 11.D. AMOUNT TO BE ACCUMULATED ON-SITE PRIOR TO SHIPMENT QUANTITY WEIGHT CODE

12. COMMENTS

13. CERTIFICATION		
I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.		
SIGNATURE <u>Steven M. Resh</u>	NAME AND OFFICIAL TITLE (type or print) <u>Production Manager</u>	DATE SIGNED <u>9-13-91</u>